

Diabetes Report Guides the Way for Community Health Program

Issue

Florene Linnen lived with diabetes for 16 years before learning how to control the disease and properly care for herself. An African-American woman living in Georgetown, S.C., she was not alone in her plight.

South Carolina ranked second in the nation in diabetes prevalence in 2003, and almost 3,500 people die each year from diabetes and complications related to the disease. Concerns about diabetes are particularly alarming in the African-American community, where less physical activity, poor diets and higher obesity rates put the population at greater risk. Diabetes-related hospital costs topped \$990 million in 2003.

A dedicated group is working to improve diabetes care and stop spread of the disease throughout the coastal South Carolina African-American community. However, this organization, REACH 2010: Charleston and Georgetown Diabetes Coalition, needs accurate data to track the progress of its program and plan future ways to reduce the area's diabetes burden. It also relies on such data to justify continued grant funding from the Centers for Disease Control.

Intervention

Collecting and tracking data that accurately describes the severity of diabetes in South Carolina can be a challenge, but thanks to staff funded by the Preventive Health and Health Services Block Grant, this is possible. The SC Department of Health and Environmental Control Office of Chronic Disease Epidemiology annually collects and analyzes data that is published every three years in The Burden of Diabetes Report. Details in the report help guide REACH 2010 in its efforts to improve health and reduce cost burdens related to diabetes. Some of the essential information in the report includes:

- Percentage of the population with diabetes;
- Diabetes mortality rates; and
- Costs of hospitalizations and emergency room visits from diabetes and diabetes-related illnesses.

Impact

Ms. Linnen, who has been a part of REACH 2010 since 1999, now keeps her diabetes under control thanks to education received in the program, and she's working full-time to improve the health of her community. Dr. Carolyn Jenkins, director of REACH 2010 and a nursing professor at the Medical University of South Carolina, said the burden report is an essential tool because it has been used to:

- Quantify the Charleston and Georgetown communities' reports of diabetes and its complications by focusing on hard evidence to support the communities' qualitative data;
- Develop a community action plan;
- Obtain more than \$6 million in funding;
- Evaluate progress in reducing diabetes disparities and improving outcomes in Charleston County compared to other counties and the state;
- Improve delivery of program services; and
- Submit a grant to the National Institutes of Health to address emergency department use for "uncomplicated" or "ambulatory-sensitive" diabetes.

Significant progress has been made in improving diabetes care and control and eliminating health care disparities in South Carolina.

- Annual A1C testing in African-Americans has improved from 44 percent in 1999 to 96 percent in 2004.
- Amputations in African-American males with diabetes have decreased from 79 per 1,000 hospitalizations in 1999 to 33.8 in 2003.

Without such statistics from the burden report, programs could not effectively make a difference in their targeted population.

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